



MISSOURI

DIVISION OF MEDICAL SERVICES

Volume 25 Number 4

www.dss.state.mo.us/dms

June 12, 2003

Durable Medical Equipment (DME) Bulletin

Due to budget constraints, paper copies of bulletins will no longer be distributed by DMS. Bulletins are now available only at the [DMS Website](http://www.dss.state.mo.us/dms).

Bulletins will remain on this site only until incorporated into the [provider manuals](#) as appropriate, then deleted.

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MC+ MANAGED CARE

The information contained in this bulletin applies to coverage by the MC+ fee-for-service and Medicaid fee-for-service programs. The MC+ fee-for-service and Medicaid fee-for-service programs also provide coverage for those services carved out of the MC+ Managed Care benefit for MC+ Managed Care enrollees. Questions regarding services included in the MC+ Managed Care benefit should be directed to the enrollee's MC+ Managed Care health plan. Please check the patient's eligibility status prior to delivering a service.

2003 HCPCS UPDATE

As of July 1, 2003, Missouri Medicaid will begin accepting the 2003 version of the Health Care Procedure Coding System (HCPCS). The covered 2003 procedure codes have an effective date of July 1, 2003. Providers may begin billing the 2003 HCPCS codes for dates of service on or after July 1, 2003. A transition period will be given to allow time to make necessary changes. Providers may bill the old code through September 30, 2003. Claims for dates of service on or after October 1, 2003 must be submitted using the new 2003 HCPCS codes. Claims for dates of service prior to July 1, 2003 must be submitted using the old procedure codes.

Changes which occurred as a result of the update include additions, deletions and replacement of procedure codes. See Attachments A & B for Addition and Replacement Codes.

Copies of the 2003 Health Care Procedure Coding System (HCPCS) may be purchased from your local medical book store.

2003 HCPCS DELETIONS

The following codes will be deleted effective July 1, 2003: A4370, A4374, A4386, A4454, A4460, A5123, A6263, A6264, A6265, A6405, A6406, L0300, L0310, L0315, L0317, L0320, L0330, L0340, L0350, L0360, L0370, L0380, L0390, L0400, L0410, L0420, L0430, L0440, L3218, L3223, L5660, L5662, L5663, L5664

Provider Communications**(800) 392-0938****or****(573) 751-2896**

Attachment A

Procedure Code Deleted	Replacement Codes	TOS	Reimbursement Guidelines	Medicaid Maximum Allowable Amount
Y9059 *	A6501 A6502 A6503 A6504 A6505 A6505 A6507 A6508 A6509 A6510 A6511 A6512	A	Medical Necessity & Invoice of Cost	Manual Price
Y9051 *	E0445	A T	Medical Necessity Medical Necessity	\$100.00/Test \$280.00/Month continuous monitoring
E0608	E0619	T	Medical Necessity	\$180.00
S8401* S8403* S8404*	A4521 A4522 A4523 A4524 A4525 A4526 A4527 A4528 A4529 A4530 A4531 A4532 A4533 A4534	A	Prior Authorization	\$.50
L0900 L0920 L0940	L0500	A 0	Medical Necessity	\$107.62
L0910 L0930 L0950	L0510	A 0	Prior Authorization	\$225.70

Attachment B

2003 HCPCS ADDITIONS				
Procedure Code	Description	TOS	Reimbursement guidelines	Medicaid Maximum Allowed Amount
A4405	OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE	A	1oz = 1 unit	3.40
A4406	OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE	A	1oz = 1 unit	5.74
A4407	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH	A	1 barrier = 1 unit	8.76
A4408	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH	A	1 barrier = 1 unit	9.87
A4409	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES, OR SMALLER, EACH	A	1 barrier = 1 unit	6.22
A4410	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH	A	1 barrier = 1 unit	9.04
A4413	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITH FILTER EACH	A	1 pouch = 1 unit	5.50
A4414	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH	A	1 barrier = 1 unit	4.93
A4415	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH	A	1barrier = 1 unit	6.00
A4422	OSTOMY ABSORBENT MATERIAL (SHEET/PAD/CRYSTAL PACKET) FOR USE IN OSTOMY POUCH TO THICKEN LIQUID STOMAL OUTPUT, EACH	A	1 sheet/pad/crystal = 1 unit	0.12
A4450 *	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES	A	1 unit = up to 18 square inches	0.09
A4452 *	TAPE, WATERPROOF, PER 18 SQUARE INCHES	A	1 unit = up to 18 square inches	0.36
A4537 *	UNDER PAD, REUSABLE/WASHABLE, ANY SIZE, EACH	A	PA & Invoice of Cost	MP
A4609 *	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, FOR LESS THAN 72 HOURS OF USE, EACH	A	Medical Necessity 1 suction catheter = 1 unit	14.30
A4610 *	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, FOR 72 OR MORE HOURS OF USE, EACH	A	Medical Necessity 1 suction catheter = 1 unit	22.34
A6011 *	COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN	A	Medical Necessity 1 gram = 1 unit	2.28

A6421 *	PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR EQUAL TO 3 INCHES AND LESS THAN 5 INCHES, PER ROLL (AT LEAST 3 YARDS, UNSTRETCHED)	A	Medical Necessity & Invoice of Cost 1 roll = 1 unit	MP
A6422 *	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO 3 INCHES AND LESS THAN 5 INCHES PER ROLL (AT LEAST 3 YARDS, UNSTRETCHED)	A	Medical Necessity & Invoice of Cost 1 roll = 1 unit	MP
A6424 *	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO 5 INCHES, PER ROLL (AT LEAST 3 YARDS, UNSTRETCHED)	A	Medical Necessity & Invoice of Cost 1 roll = 1 unit	MP
A6426 *	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE WIDTH GREATER THAN OR EQUAL TO 3 INCHES AND LESS THAN 5 INCHES, PER ROLL (AT LEAST 3 YARDS, UNSTRETCHED)	A	Medical Necessity & Invoice of Cost 1 roll = 1 unit	MP
A6428 *	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO 5 INCHES, PER ROLL (AT LEAST 3 YARDS, UNSTRETCHED)	A	Medical Necessity & Invoice of Cost 1 roll = 1 unit	MP
A6430 *	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE LESS THAN 1.25 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO 3 INCHES AND LESS THAN 5 INCHES, PER ROLL (AT LEAST 3 YARDS, UNSTRETCHED)	A	Medical Necessity & Invoice of Cost 1 roll = 1 unit	MP
A6432 *	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE LESS THAN 1.25 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO 5 INCHES PER ROLL (AT LEAST 3 YARDS, UNSTRETCHED)	A	Medical Necessity & Invoice of Cost 1 roll = 1 unit	MP
A6434 *	MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE OF 1.25 TO 1.34 FOOT POUNDS AT 50% MAXIMUMB STRETCH, WIDTH GREATER THAN OR EQUAL TO 3 INCHES OR LESS THAN 5 INCHES, PER ROLL (AT LEAST 3 YARDS, UNSTRETCHED)	A	Medical Necessity & Invoice of Cost 1 roll = 1 unit	MP
A6436 *	HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN OR EQUAL TO 1.35 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO 3 INCHES AND LESS THAN 5 INCHES, PER ROLL (AT LEAST 3 YARDS, UNSTRETCHED)	A	Medical Necessity & Invoice of Cost 1 roll = 1 unit	MP
A6438 *	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, LOAD RESISTANCE GREATER THAN OR EQUAL TO 0.55 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO 3 INCHES AND LESS THAN 5 INCHES, PER ROLL (AT LEAST 5 YARDS, UNSTRETCHED)	A	Medical Necessity & Invoice of Cost 1 roll = 1 unit	MP
A6440 *	ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO 3 INCHES AND LESS THAN 5 INCHES, PER ROLL (AT LEAST 10 YARDS, UNSTRETCHED)	A	Medical Necessity & Invoice of Cost 1 roll = 1 unit	MP

A6501*	COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED	A	Medical Necessity & Invoice of Cost 1 garment = 1 unit	MP
A6502 *	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED	A	Medical Necessity & Invoice of Cost 1 garment = 1 unit	MP
A6503 *	COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED	A	Medical Necessity & Invoice of Cost 1 garment = 1 unit	MP
A6504 *	COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED	A	Medical Necessity & Invoice of Cost 1 garment = 1 unit	MP
A6505 *	COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED	A	Medical Necessity & Invoice of Cost 1 garment = 1 unit	MP
A6506 *	COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED	A	Medical Necessity & Invoice of Cost 1 garment = 1 unit	MP
A6507 *	COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED	A	Medical Necessity & Invoice of Cost 1 garment = 1 unit	MP
A6508 *	COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED	A	Medical Necessity& Invoice of Cost 1 garment = 1 unit	MP
A6509 *	COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED	A	Medical Necessity & Invoice of Cost 1 garment = 1 unit	MP
A6510 *	COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED	A	Medical Necessity & Invoice of Cost 1 garment = 1 unit	MP

A6511 *	COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED	A	Medical Necessity & Invoice of Cost 1 garment + 1 unit	MP
A6512 *	COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED	A	Medical Necessity & Invoice of Cost 1 garment = 1 unit	MP
B4100 *	FOOD THICKENER, ADMINISTERED ORALLY, PER OUNCE	A	Medical Necessity & Invoice of Cost 1 oz = 1 unit	MP
E1011	MODIFICATION TO PEDIATRIC WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)	A	Prior Authorization	MP
E1012	INTEGRATED SEATING SYSTEM, PLANAR, FOR PEDIATRIC WHEELCHAIR	A	Prior Authorization	MP
E1013	INTEGRATED SEATING SYSTEM, CONTOURED, FOR PEDIATRIC WHEELCHAIR	A	Prior Authorization	MP
E1014	RECLINING BACK, ADDITION TO PEDIATRIC WHEELCHAIR	A	Prior Authorization	MP
E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	A	Medical Necessity	114.70
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	A	Prior Authorization	131.31
E1017	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR, EACH	A	Medical Necessity	MP
E1018	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR,	A	Prior Authorization	MP
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	A	Medical Necessity	243.41
E1025	LATERAL THORACIC SUPPORT, NON-CONTOURED, FOR PEDIATRIC WHEELCHAIR, EACH (INCLUDES HARDWARE)	A	Prior Authorization	MP
E1026	LATERAL THORACIC SUPPORT, CONTOURED, FOR PEDIATRIC WHEELCHAIR, EACH (INCLUDES HARDWARE)	A	Prior Authorization	MP
E1027	LATERAL/ANTERIOR SUPPORT, FOR PEDIATRIC WHEELCHAIR, EACH (INCLUDES HARDWARE)	A	Prior Authorization	MP
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	A	Prior Authorization	MP
E1231	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	A	Prior Authorization	MP
E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	A	Prior Authorization	MP
E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	A	Prior Authorization	MP
E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	A	Prior Authorization	MP
E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	A	Prior Authorization	MP

E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	A	Prior Authorization	MP
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	A	Prior Authorization	MP
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	A	Prior Authorization	MP
K0082	22 NF NON-SEALED LEAD ACID BATTERY, EACH	A	1 battery = 1 unit	109.96
K0083	22 NF SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASS MAT)	A	1 battery = 1 unit	139.47
K0084	GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	A	1 battery = 1 unit	91.98
K0085	GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL ABSORBED GLASS MAT)	A	1 battery = 1 unit	186.00
K0086	U-1 NON-SEALED LEAD ACID BATTERY, EACH	A	1 battery = 1 unit	109.96
K0087	U-1 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASS MAT)	A	1 battery = 1 unit	112.17
K0088	BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED	A	Medical Necessity 1 charger = 1 unit	263.62
K0089	BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED	A	Medical Necessity 1 charger = 1 unit	419.08
K0556	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM	A	Medical Necessity	600.75
K0557	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM	A	Medical Necessity	500.61
K0558	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL USE CODE K0556 OR K0557)	A	Medical Necessity	1,055.81
K0559	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL. FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE K0556 or K0557)	A	Medical Necessity	1,055.81
K0581	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	A	1 pouch = 1 unit	2.75
K0582	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH	A	1 pouch = 1 unit	3.72
K0583	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	A	1 pouch = 1 unit	1.81
K0584	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE, WITH FILTER (2 PIECE),	A	1 pouch = 1 unit	1.74

K0585	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	A	Invoice of Cost 1 pouch = 1 unit	MP
K0586	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE), EACH	A	Invoice of Cost 1 pouch = 1 unit	MP
K0587	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	A	1 pouch = 1 unit	4.75
K0588	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH	A	1 pouch = 1 unit	3.58
K0589	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE SYSTEM), EACH	A	1 pouch = 1 unit	2.36
K0590	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 -PIECE SYSTEM), EACH	A	Invoice of Cost 1 pouch = 1 unit	MP
K0591	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	A	1 pouch = 1 unit	6.51
K0592	OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	A	1 pouch = 1 unit	7.52
K0593	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE) EACH	A	1 pouch = 1 unit	8.52
K0594	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	A	1 pouch = 1 unit	5.08
K0595	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH	A	1 pouch = 1 unit	3.59
K0596	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	A	1pouch = 1 unit	3.34
K0597	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH	A	1 pouch = 1 unit	3.76
L0450	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	A	Medical Necessity	147.29
L0452	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES,CUSTOM FABRICATED	A	Medical Necessity	298.64
L0454	TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE t-9 VERTEBRA, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(s), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFACRICATED, INCLUDES FITTING AND ADJUSTMENT	A	Medical Necessity	309.06

L0456	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, RESTRICTS GROSS TRUNK MOTION IN THE SAGITAL PLANE PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES STRAP AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	A	Medical Necessity	309.06
L0458	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE XIPHOID, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT.	A	Medical Necessity	632.01
L0460	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT.	A	Medical Necessity	632.01
L0462	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	A	Medical Necessity	632.01

L0464	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	A	Medical Necessity	632.01
L0466	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	A	Medical Necessity	293.79
L0468	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION OVER SCAPULAE, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PIECES, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, AND CORONAL PLANES, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	A	Medical Necessity	373.13
L0470	TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO SCAPULA, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PIECES, ROTATIONAL STRENGTH PROVIDED BY SUBCLAVICULAR EXTENSIONS, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	A	Medical Necessity	514.60
L0472	TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR AND LATERAL FRAME EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH WITH TWO ANTERIOR COMPONENTS (ONE PUBIC AND ONE STERNAL), POSTERIOR AND LATERAL PADS WITH STRAPS AND CLOSURES, LIMITS SPINAL FLEXION, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	A	Medical Necessity	324.27

L0474	TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME WITH FLEXIBLE SOFT APRON ANTERIOR WITH MULTIPLE STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO SCAPULA, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PIECES, ROTATIONAL STRENGTH PROVIDED BY SUBCLAVICULAR EXTENSIONS, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT.	A	Medical Necessity	484.25
L0476	TLSO, SAGITTAL-CORONAL CONTROL, FLEXION COMPRESSION JACKET, TWO RIGID PLASTIC SHELLS WITH SOFT LINER, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES AT OR BEFORE THE t-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XIPHOID, USUALLY LACED TOGETHER ON ONE SIDE, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL AND CORONAL PLANES, ALLOWS FREE FLEXION AND COMPRESSION OF THE 1s REGION, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	A	Medical Necessity	805.71
L0478	TLSO, SAGITTAL-CORONAL CONTROL, FLEXION COMPRESSION JACKET, TWO RIGID PLASTIC SHELLS WITH SOFT LINER, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES AT OR BEFORE THE t-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XIPHOID, USUALLY LACED TOGETHER ON ONE SIDE, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL AND CORONAL PLANES, ALLOWS FREE FLEXION AND COMPRESSION OF 1s REGION, INCLUDES STRAPS AND CLOSURES, CUSTOM FABRICATED	A	Medical Necessity	1,325.29
L0480	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	A	Medical Necessity	1,388.21

L0482	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	A	Medical Necessity	1,299.21
L0484	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS ENHANCED BY OVERLAPPING PLASTIC, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	A	Medical Necessity	1,353.12
L0486	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS ENHANCED BY OVERLAPPING PLASTIC, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	A	Medical Necessity	1,419.28
L0488	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	A	Medical Necessity	1,051.16
L0490	TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHELL, WITH OVERLAPPING REINFORCED ANTERIOR, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES AT OR BEFORE THE t-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XIPHOID, ANTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL AND CORONEAL PLANES, PREFABRICATED INCLUDES FITTING AND ADJUSTMENT	A	Medical Necessity	1,083.72

L1652	HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BAR, ADULT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT, ANY TYPE	A	Medical Necessity	285.58
L1836	KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	A	Medical Necessity	106.90
L1901	ANKLE ORTHOSIS, ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT (E.G. NEOPRENE, LYCRA)	A	Medical Necessity	14.17
L3651	SHOULDER ORTHOSIS, SINGLE SHOULDER, ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT (NEOPRENE, LYCRA)	A	Medical Necessity	48.01
L3652	SHOULDER ORTHOSIS, DOUBLE SHOULDER, ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT (E.G. NEOPRENE, LYCRA)	A	Medical Necessity	144.69
L3701	ELBOW ORTHOSIS, ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT (E.G. NEOPRENE, LYCRA)	A	Medical Necessity	14.87
L3762	ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	A	Medical Necessity	78.40
L3909	WRIST ORTHOSIS, ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT (E.G. NEOPRENE, LYCRA)	A	Medical Necessity	10.32
L3911	WRIST HAND FINGER ORTHOSIS, ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT (E.G. NEOPRENE, LYCRA)	A	Medical Necessity	MP
L4386	NON-PNEUMATIC WALKING SPLINT, WITH OR WITHOUT JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	A	Medical Necessity	127.02
L5848	ADDITION TO ENDOSKELETAL, KNEE-SHIN SYSTEM, HYDRAULIC STANCE EXTENSION, DAMPENING FEATURE, ADJUSTABLE	A	Medical Necessity	863.12
L5995	ADDITION TO LOWER EXTREMITY PROSTHESIS, HEAVY DUTY FEATURE (FOR PATIENT WEIGHT > 300 LBS)	A	Medical Necessity	MP
S1040 *	CRANIAL REMOLDING ORTHOSIS, RIGID WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENTS	A	Prior Authorization & Invoice of Cost	MP
S8265 *	HABERMAN FEEDER FOR CLEFT LIP/PALATE	A	Prior Authorization & Invoice of Cost	MP

*** COVERED ONLY FOR RECIPIENTS 20 AND UNDER**